TEXAS LAST DIET

Health History Questionnaire

Consultation Date: _____

Dietary consultation involves a health profile. The purpose of the health profile is not to establish a diagnosis, but rather to determine a client's health status in order to guide his/her weight loss plan. A client may be advised to seek medical advice based on his/her health profile.

OVERALL *(please use clear, print characters)*

Name: _____ DOB: _____ ☐ F ☐ M
Last, First, M.I.

Address: _____
Street *City, State, Zip*

Cell Phone: _____ Email: _____
I give Texas Last Diet full permission to send correspondence via text and email as provided above.

Primary Care Physician: _____ Date of last physical: _____

Height: _____ Current Weight: _____ Weight last year: _____

Minimum adult weight: _____ Age? _____ Maximum adult weight: _____

Do you exercise? ☐ Y ☐ N If yes, how often? _____What kind? _____

_____ Occupation? _____

Have you been on previous diets? ☐ Y ☐ N If yes, which diet(s) *and* why do you think it did not work for you to maintain weight loss? _____

How did you hear about our clinic? _____

Indicate the level of importance you give to losing weight with Texas Last Diet's supervised weight loss method.
Least important…….1 2 3 4 5 6 7 8 9 10…….Most Important

PERSONAL HEALTH HISTORY

Diabetes? ☐ Y ☐ N Medication? _____

Heart conditions? ☐ Y ☐ N Medication? _____

Kidney issues? ☐ Y ☐ N Medication? _____

Liver issues? ☐ Y ☐ N Medication? _____

Colon issues? ☐ Y ☐ N Medication? _____

Digestive issues? ☐ Y ☐ N Medication? _____

Thyroid issues? ☐ Y ☐ N Medication? _____

History of cancer? ☐ Y ☐ N If yes, what type? _____

Allergies? ☐ Y ☐ N If yes, what type? _____

Women: Date of last menstrual cycle: _____
Contraceptives? ☐ Y ☐ N Breastfeeding? ☐ Y ☐ N Pregnant? ☐ Y ☐ N

Please check the box for any of the following conditions that apply to you:
☐ Alzheimer's Disease ☐ Anorexia ☐ Anxiety ☐ Bipolar Disorder ☐ Bulimia ☐ Chronic Fatigue Syndrome ☐ Depression
☐ Epilepsy ☐ Fibromyalgia ☐ Lupus ☐ Migraines ☐ Multiple Sclerosis ☐ Other autoimmune or Inflammatory Condition
☐ Osteoarthritis ☐ Panic Attacks ☐ Parkinson's Disease ☐ Psoriasis ☐ Rheumatoid Arthritis ☐ Schizophrenia
☐ Other: _____

Please list any hospitalizations, surgeries or health issues: _____

_____

Name: _____

HEALTH HABITS

What time do you get up? _____ What time do you go to bed? _____

Vegan? ☐ Yes ☐ No *(strict vegans do not qualify due to too many dietary restrictions)*

Vegetarian? ☐ Yes ☐ No

Caffeine? ☐ None ☐ Coffee ☐ Tea ☐ Cola # per day? _____

Alcohol? ☐ None What kind? _____ # per week? _____

Tobacco? ☐ None ☐ Recently Quit: *(date)* _____ ☐ Cigarettes ☐ Chew ☐ Pipe ☐ Cigars

How long? _____ Amount per day? _____

Water? How many glasses/ounces per day? _____

MEDICATIONS AND SUPPLEMENTS

Please list all prescription medications and supplements you are currently taking:

Name of Medication	Dosage	# per Day	Doses per Day	Prescribing Doctor	Reason for Taking

EATING HABITS (Please make sure to list examples for each)

Breakfast

Every morning? ☐ Yes ☐ Sometimes ☐ No ☐ Never Approximate time? _____

Examples:_____

_____

Snack before lunch? ☐ Yes ☐ Sometimes ☐ No ☐ Never Approximate time? _____

Examples:_____

_____

Lunch

Every day? ☐ Yes ☐ Sometimes ☐ No ☐ Never Approximate time? _____

Examples:_____

_____

Snack before dinner? ☐ Yes ☐ Sometimes ☐ No ☐ Never Approximate time? _____

Examples:_____

_____

Dinner

Every day? ☐ Yes ☐ Sometimes ☐ No ☐ Never Approximate time? _____

Examples:_____

_____

Snack before bed? ☐ Yes ☐ Sometimes ☐ No ☐ Never Approximate time? _____

Examples:_____

_____

Confirmation of Full Health Status Disclosure by the Client and Agreement to Arbitrate Disputes

_____ (initial) I confirm that the information that I have provided and that is recorded by me on this Texas Last Diet Health History Questionnaire is true, complete and accurate and that I have not withheld or otherwise omitted, whether in whole or in part, any information concerning my health status. In this respect, I confirm that I have disclosed all past and present i) physical and/or mental health problems or concerns that I have experienced, ii) diagnoses and/or surgeries that I have had, and iii) medications and supplements that were prescribed to me or that I have taken.

_____ (initial) Without limitation to the foregoing, I specifically confirm that I do not have any of the conditions listed and that I am not taking any additional medications not listed on this form. Furthermore, I understand that I should NOT be undertaking or otherwise following the Ideal Protein Weight Loss Method if I have any of the said conditions or if I am currently taking any of the said medications unless i) I specifically consult with a medical doctor concerning my suitability to go on the Ideal Protein Weight Loss Method, ii) remain under the supervision of said medical doctor while I am on the Ideal Protein Weight Loss Method, and iii) provide documentation confirming the foregoing.

_____ (initial) I understand that if i) I have any of the aforementioned conditions or if I am currently taking any of the aforementioned medication, ii) have not disclosed same to the clinic and iii) nevertheless chose to go on the Ideal Protein Weight Loss Method without specific supervision, such decision will be completely voluntary, and I release and discharge Texas Last Diet (the clinic) as well as Ideal Protein of America, its parent companies, -subsidiaries and affiliates and their respective shareholders, directors, employees, agents, representatives, successors and assigns (collectively, the "Releases") from any and all damages, liability, claims and causes of action of any nature whatsoever (including for injury, illness or death) that may result from such voluntary and informed decision.

_____ (initial) I confirm that the Ideal Protein Weight Loss Method has been explained to me, that I have had the opportunity to ask questions relating to the Ideal Protein Weight Loss Method, that I have been provided with the answers to such questions and that I understand the importance of strictly following the Ideal Protein Weight Loss Method as explained to me verbally and in the materials provided to me, both before and during the period I will be following the Ideal Protein Weight Loss Method.

_____ (initial) Without limitation to the foregoing, I confirm that I have been advised that because the Ideal Protein Weight Loss Method limits the ingestion of certain foods, it is important that I consume the recommended vitamins and minerals while I am on the Ideal Protein Weight Loss Method.

_____ (initial) I undertake to disclose immediately to the clinic any and all changes in my health status, discomfort, symptoms or other health concerns that I may experience while I am on the Ideal Protein Weight Loss Method.

_____ (initial) I specifically agree that all claims against any of the Releases that I may have or choose to make shall only be submitted to binding arbitration under the rules of the Arbitration Act or similar statute of my province of residence, and I waive any rights to pursue any claims or causes of action in any court of law.

_____ (initial) I understand that ALL SALES ARE FINAL and NON-REFUNDABLE. We reserve the right to terminate any client's sessions, package or contract without refunding any monies if the client has broken any terms or policies.

Printed Name: _____ Date: _____
First, M.I., Last

Signature: _____

Staff Name & Signature: _____

OFFICE USE ONLY

Start Date: _____
Data Entry
☐ Tanita ☐ Wylie ☐ IdealSmart ☐ MailChimp ☐ EZTexting ☐ Before Pics ☐ Follow-Up _____
Notes:

_____

_____

_____

_____

_____

_____

TEXAS LAST DIET
Nutrition & Wellness

NO-SHOW/LATE-SHOW/CANCELLATIONS POLICY

Your successful weight loss is our top priority! To attain the best results, it is very important that you attend your scheduled appointments.
We promise that 100% of our effort will go into your weight loss journey and we need 100% from you as well. We ask for your cooperation by making every effort to keep all your scheduled appointments.

WHEN YOU DON'T ATTEND AS SCHEDULED, THREE PEOPLE ARE AFFECTED:

1. YOU! It has been proven that consistent attendance provides for the greatest opportunity for success!
2. Our clinic who now has an open space on the schedule and could have scheduled another client.
3. Another client who could have been scheduled if you had provided proper notice.

WE ASK THAT YOU CONTACT US VIA TEXT, CALL OR EMAIL TO:

- CANCEL or RESCHEDULE
  Please give at least a 24-hour notice in the event of a cancellation or reschedule.
- LATE
  Please notify us if you are going to be 10 minutes or later to your appointment. Understand that we will try to accommodate you as soon as possible but you will then be considered a "walk-in" client and seen as time permits. If you arrive late, you will only be allotted the remainder of your appointment time.

NO-SHOW STATUS

If you fail to contact us, you will be considered a NO-SHOW. You will receive a courtesy call or text after your first No-Show.
Any subsequent No-Show's will result in you being removed from the schedule and losing your currently scheduled standing appointment so we can offer that appointment time to another client. At that time, you will need to reschedule your appointment or be considered a "walk-in" and will be seen if possible.
We do understand that emergencies arise and that it may not be possible to give advance notice; this should be the exception and not the norm.
We appreciate the opportunity to provide you with our dedication to reach your weight loss goals. Our number one goal is to help you reach yours! Thank you for your consideration and courtesy to our staff and other clients.

Client Name _____ Date _____

Client Signature _____

Staff Name/Signature _____ Date _____

TEXAS LAST DIET CLIENT AGREEMENT

The Ideal Protein Weight Loss & Education Program through Texas Last Diet is more than dietary restrictions and lifestyle changes; it is a commitment to yourself and your coach to help you achieve YOUR goals. To be healthier and lose weight, you must first have the desire and motivation to do so. Our educational and knowledge-based approach requires that you agree to and initial each of the following guidelines before we can accept you as a client of Texas Last Diet.

Results on the Ideal Protein Weight Loss & Education Program are predictable and repeatable. We feel passionately that we cannot fulfill our promise to you if you do not strictly adhere to the Protocol; therefore, have developed these guidelines for our clients. There will be NO NEGOTIATIONS regarding any of these guidelines!

CONSENT TO PARTICIPATE

I, _____, agree to the conditions of my acceptance into the Ideal Protein Weight Loss & Education Protocol. I understand that my coaches can only effectively guide me towards my desired results if I adhere to the following guidelines.

I agree to:

- Follow the Ideal Protein Protocol as written for each phase and understand that I have hired this clinic to help me reach and maintain MY weight loss and health goals.

- NOT cheat! I know this will only prolong my weight loss goals.

- Consume ONLY Ideal Protein products or those “extra” items available at this clinic only. Substitutions or “alternative products” of any kind or not allowed. _____

- Purchase ALL Ideal Protein products (including supplements) from this clinic ONLY. I understand that purchasing from other sources, vendors, etc. can affect my progress. _____

- Take the recommended Ideal Protein Natura vitamin and mineral supplements while I am on all phases of the Ideal Protein Weight Loss & Education Protocol. These include Potassium Citrate, Calcium-Magnesium, Multi-Vitamin, Omega 3’s and Ideal Salt with Potassium. I understand that no substitutions are allowed (unless under doctor’s orders; note required) and that not taking supplements as required could negative affect my health. _____

- Be measured, weight and coached weekly during Phase 1, Phase 2 and Phase 3 then bi-weekly to monthly while in Phase 4/Maintenance. _____

- Journal my daily intake of food, fluids and supplements - truthfully and accurately including the good, the bad and the ugly! Bring the completed IP journal to EVERY appointment (either by paper or online). If I don’t have my journal, I understand that my coach may refuse the continue my session for that week and reschedule my appointment for a later date when my journal is available. _____

- Use a back-up form of birth control, if applicable, due to the potential effect of the hormonal changes that can occur while losing weight. _____

- No alcohol consumption for the duration of the program. It is dangerous to drink alcohol while on this protocol and your body is in a Ketogenic state.

- Reduce my intensity of exercise and discuss any activity with my coach to develop a proper plan to coincide with the protocol. _____

- The fact that I will be seen by various coaches throughout my weight loss journey. _____

- Maintain my scheduled appointments. The f*irst no show* I will be contacted. *Second no show* I will be removed from the schedule and charged a $25 no show fee. This fee will have to be paid before you can resume your regular coaching sessions. _____

- Notify my coach of my intention to leave the program prior to reaching my goal weight should I choose to, so that they may "phase" me off the program in a health manner. I agree not to stop the program abruptly and/or without instruction. I understand that to maintain my weight loss, it is strongly recommended that I complete all four phases as written under the direction of my coach. _____

- Understanding that the possible benefits and value of this program is not guaranteed. _____

- Understanding that I have the right to ask questions and to know the purpose and objectives of the program. _____

- The "all sales are final" policy, and I understand that there are no returns or refunds, with the exception of allergies (doctor's note required) on any products or services. _____

Having read the above, I hereby consent to this program and understand that failure to comply with any of the above-listed guidelines could result in my immediate termination from the program.

_____ _____

Client Name Date

_____

Client Signature

_____ _____

Staff Name/Signature Date